

**M e m o r a n d u m**

Date: July 16, 2009

To: Coastal Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
San Luis Obispo

File No.: 10257.Cover Chapter 8 Command Audit

Subject: HPM 22.1, CHAPTER 8 (COMMAND REIMBURSABLE SERVICES &  
COMMAND DUI COST RECOVERY)

As requested by Coastal Division, Area conducted a Command Level inspection of HPM 22.1, Inspection Program, Chapter 8, Command Reimbursable Services, and Command DUI Cost Recovery. Attached are the CHP 680U forms completed during the inspection. The following discrepancies were noted:

**Command Reimbursable Services:** The only issue identified in the audit was the reconciliation of the CHP 464, Traffic Control Cost Estimate, and the CHP 467, Billing Memorandum – Reimbursable Services. The hours worked by CHP employees was found to be accurate on all forms. The mileage reimbursement was either projected low or high, but was not noted on the final CHP 467. There were seven reimbursable events evaluated during this audit. There were five where the actual mileage estimate was high resulting in an over charge; one where the actual mileage was under estimated; and one where the mileage was underestimated but was noted on the CHP 467 for collection.

**Corrective Action:** Area will amend the necessary CHP 467 to ensure payment for under estimated mileage and recommend reimbursement when mileage was over-estimated. Additionally, a checklist will be attached to each CHP 467 to ensure a notation is made on the form when mileage is different from the estimate.


**Command DUI Cost Recovery:** The Area has not been able to meet the 10-day processing time for the CHP 735 to Fiscal Management Section. The delays occur at the review level of the collision/arrest report and again when the CHP 735 is processed by the clerical unit. Additionally, the CHP 735A, Cost Recovery Log, is not current with dates the CHP 735 was sent to FMS.

*Safety, Service, and Security*

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Corrective Action: Area has changed the review procedures for the collision/arrest report when a CHP 735 is attached. The CHP 735 will begin the review process at the initial time an officer submits the report as complete. The Court Officer/AI Review Officer will detach the CHP 735 and forward for review/processing. This should drastically reduce the time for submission in those cases where the breath sample is already known. The Area clerical unit will continue to monitor those cases when a blood sample results are received and process the associated CHP 735 within the 10-day timeframe.

If there are any questions concerning this memorandum, please contact me or Acting Lieutenant Chuck Jordan.



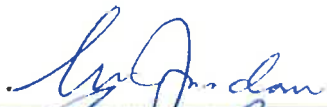

WILLIAM E. VAIL, Captain  
Commander

Attachments

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**INSPECTION PROGRAM**  
CHAPTER 8  
COMMAND DUI COST RECOVERY

Command: San Luis Obispo	Division: Coastal	Number:
Evaluated by: Captain Bill Vail		Date: 06/10/2009
Assisted by: Sergeant Chuck Jordan		Date: 06/10/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Follow-Up Inspection BY: <u>SGT CHUCK JORDAN</u>	Commander's Signature: 	Date: <u>7/6/09</u>
For applicable policies, refer to HPM 11.1, Chapter 20.			
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
2. What are these procedures?  The Standard Operating Procedures (SOP) for the Area include a chapter on completion of the CHP 735 for all incidents meeting the requirements. The SOP also details how reconciliation is accomplished and a quarterly audit of the forms. Additionally, the CHP 735 log is monitored by the Office Services Supervisor I and Field Operations Officer (Lieutenant).  Officers are required to print and attach completed CHP 415s for time spent on a DUI Reimbursable incident. These forms shall have the case number/defendant's name highlighted for comparison and then are reviewed by a supervisor. Final approval is sent to the lieutenant/captain for signature. The signed forms are sent to the Word Processing Technician I for processing.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:

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### COMMAND DUI COST RECOVERY

5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> <li>A Blood Alcohol Content (BAC) under .08%</li> <li>A chemical test is positive for drugs only</li> <li>There is no supporting BAC test of drug test (i.e., a refusal)</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area had been able to access the court database from a remote computer in the Area office. After 5/1/2009, the court system changed and Area has not been able to check on the status of cases. CHP Helpdesk requests have been sent to help reestablish the connection, but they have been unable to correct the problem.
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: There is a significant delay in processing the CHP 735s. An officer takes an average of 1-3 days to complete a collision report, which is then reviewed by the AI Review Officer. If corrections are necessary it is returned, causing further delay. Once the collision report is complete, the CHP 735 is sent for review to a sergeant and then to the captain for approval. The CHP 735 is then sent to clerical for processing. Delays can occur depending on furlough days and other duties.
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: There is a significant delay in processing the CHP 735s. After blood test analysis is received, it is entered into the log, but the CHP 735 is not processed in a timely manner. Additionally, when BAC is below .08, the sample is retested for drugs. This also causes another delay in completing the CHP 735.
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Effective 10/1/2008, new procedures were established to ensure reconciliation accuracy.



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13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The arrestee's name or case number is listed on the CHP 415 to track time spent on the incident.
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> <li>• Response Time</li> <li>• On-Scene Investigation</li> <li>• Follow-up Investigation</li> <li>• Report Writing</li> <li>• Vehicle Storage</li> <li>• Call Back</li> <li>• Field Sobriety Testing</li> <li>• Transportation</li> <li>• Booking</li> <li>• Chemical Testing</li> <li>• Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: There have been no documented times for the lieutenant/captain on any CHP 735s. Sergeant time is only documented when they are actually associated to the investigation of the incident.
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The hourly rate is programmed into the Acrobat form.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?  Prior to October 2008, Area was manually entering the arrestee's name and information on the FormsFlow version of the CHP 735. Since that time, the clerical staff has utilized the automated version generated by the AIS Program. However, the latest quarterly audit indicated the processing dates for sending the CHP 735 to FMS are not indicated on the CHP 735A. New procedures will be implemented to ensure proper dates and processing occurs within the specified timeframes.				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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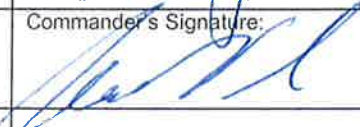
#### COMMAND DUI COST RECOVERY

<ul style="list-style-type: none"> <li>Defendant Information</li> <li>Violation Information</li> <li>Court Information</li> <li>FMS Information</li> <li>BAC test results</li> </ul>				
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All cases open longer than 12 months are reviewed, but not closed until a disposition from the court.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area has reviewed several CHP 735 forms when questions have risen regarding charges. There have been some modifications to billing when reconciliation could not be verified (prior to October 2008).
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The most common deficiency is the delay in processing qualifying CHP 735s to FMS in a timely manner. Area recently changed procedures to address one area of delay.
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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COMMAND REIMBURSABLE SERVICES

Command: San Luis Obispo	Division: Coastal	Number: 745
Evaluated by: Captain Bill Vail		Date: 06/10/2009
Assisted by: Sergeant Chuck Jordan		Date: 06/10/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Follow-Up Inspection BY: <u>SGT CHUCK JORDAN</u>	Commander's Signature:  Date: <u>7/6/09</u>
For applicable policies, refer to HPM 11.1, Chapter 6.			
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:

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COMMAND REIMBURSABLE SERVICES

**Questions 12 through 17 pertain to collecting advance deposits.**

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

**Questions 18 through 31 pertain to the preparation of agreements.**

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Coastal Division maintains the log and issues numbers when requested by Area.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in file.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in file.
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in file.

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30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in file.
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in file.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in file.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Only COZEED, MAZEED, and local event contracts in file. No reimbursements issued pertaining to training agreements.
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in file.
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: No instances observed in file.
51. Are all payments made directly to FMS?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Most payments for reimbursable services are paid to the Area and forwarded through channels each week. The amount collected is noted on the CHP 230, Weekly Transmittal.
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: HQ routinely publishes a list of companies who have become delinquent in payments. Area has not encountered a company on this prohibited list.



**INSPECTION PROGRAM**

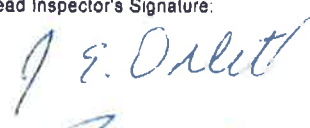
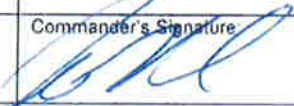
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**COMMAND DUI COST RECOVERY**

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Command: San Luis Obispo	Division: Coastal	Number: 745
Evaluated by: J. Orlett, #11940		Date: 9/14/2009
Assisted by: A. Carrillo, #11324		Date: 9/14/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature	Date
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY _____		9/22/09
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1 Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks:			
2 What are these procedures?	<p><i>The Standard Operating Procedure (SOP) for the Area included a chapter on completion of the CHP 735 for all incidents meeting the requirements. The SOP also detailed how reconciliation is accomplished and a established a quarterly audit of the forms. Additionally, the CHP 735 log is monitored by the Office Services Supervisor I and Field Operations Officer (Lieutenant). Officers are required to print and attach completed CHP 415s for time spent on a DUI reimbursement incident. These forms shall have the case number/defendant's name highlighted for comparison. They are then reviewed by a supervisor. Final approval is sent to the lieutenant or captain for signature. The signed forms are sent to the Word Processing Technician I for Processing.</i></p>		
3 Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks:			
4 If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks:			
5 Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks:			
6 Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> <li>• A Blood Alcohol Content (BAC) under .08%</li> <li>• A chemical test is positive for drugs only</li> <li>• There is no supporting BAC test of drug test (i.e. a refusal)</li> </ul>			
Remarks: Area had been able to access the court database from a remote computer in the Area office. After 5/1/2009, the court system changed and Area has not been able to check on the status of cases. CHP Helpdesk requests have been unable to correct the problem.			
7 Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks: There is a significant delayed in processing the CHP 735's. An officer takes an average 1-3 days			

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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<p>dates?</p> <ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>				to complete a report, which is then reviewed by the AI Review Officer. If corrections are necessary it is returned, causing further delay. Once the collision report is complete, the CHP 735 is sent for review by a sergeant and then to the captain for approval. The CHP 735 is then sent to clerical for processing. Delays can occur depending on office staffing levels and other duties.
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: There is a significant delay in processing the CHP 735's. After the blood test analysis is received, it is entered into the log, but the CHP 735 is not processed in a timely manner. Additionally, when BAC is below 0.08, the sample is retested for drugs. This also causes another delay in completing the CHP 735.
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Effective 10/1/2008, new procedures were established to ensure reconciliation accuracy.
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The arrestee's name or case number is listed on the CHP 415 to track time spent on the incident.
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: the hourly rate is programmed into the Acrobat form which has not been updated
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? <i>Prior to October 2008, Area was manually entering the arrestee's name and information on the FormFlow version of the CHP 735. Since that time, the clerical staff has utilized the automated version generated by the Area Information System (AIS). However, the latest quarterly audit indicted the processing dates for sending the CHP 735s to FMS are not indicated on the CHP 735. New procedures will be implemented to ensure proper dates and processing occurs within the specified timeframes.</i>				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> <li>Defendant Information</li> <li>Violation Information</li> <li>Court Information</li> <li>FMS Information</li> <li>BAC test results</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All cases open longer than 12 months are reviewed, but not closed until a disposition from the court.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Electronic system used.
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area has reviewed several CHP 735 when questions have risen regarding changes. There have been some modifications to billing when reconciliation could not be verified (prior to October 2008).
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The most common deficiency is the delay in processing qualifying 735s to FMS in a timely manner. Area recently changed procedures to address one area of delay.
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

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Command: San Luis Obispo	Division: Coastal	Chapter: 8
Inspected by: J. Orlett, #11940		Date: 9/11/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input checked="" type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to:   OINS Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Area documents billable DUI-cost-recovery time appropriately on the CHP 415. Area is struggling to complete and submit CHP 735s to FMS within the required 10 days and there is a need to streamline the processing system. As recommended, the CHP 735 should be separated from the CHP 555/CHP 202 when they are sent for review; there is no need to wait for the collision and arrest reports to be completed before processing the CHP 735. A suspense system must be developed for pending BAC results or the adjudication of court cases, as applicable. The time for CHP 555/CHP 202 correction should not be included in DUI-reimbursable time.

Command: San Luis Obispo	Division: Coastal	Chapter: 8
Inspected by: J. Orlett, #11940		Date: 9/11/2009

Commander's Response: ☐ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

Coastal Division will follow-up with the San Luis Obispo Area in one month to ensure Area is complying with the 10-day submission requirement. Additionally, the Area's suspense system will be evaluated.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/22/09
	INSPECTOR'S SIGNATURE J. E. Orlett	DATE 9/22/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 9-23-09

# INSPECTION PROGRAM


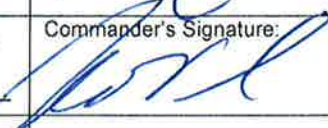
## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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Command: San Luis Obispo	Division: Coastal	Number: 745
Evaluated by: SSA Gomez, #A12534		Date: 9/14/2009
Assisted by: N/A		Date: 9/14/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required:	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature:	Date:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY: _____		9/23/09
For applicable policies, refer to HPM 11.1, Chapter 6.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

9/28/09 Sent to Area Attn: Commander  
Pers / confidential

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 2 of 4

#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEL, MAZEEL, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEEL/MAZEEL)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEL/MAZEEL reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEL/MAZEEL reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: To Area then to FMS
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: San Luis Obispo	Division: Coastal	Chapter: 8
Inspected by: SSA Gomez - #A12534		Date: 9/14/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Upon completion of this Chapter 8 inspection, San Luis Obispo Area is in compliance.



**COMMAND INSPECTION PROGRAM**

EXCEPTIONS DOCUMENT

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Command: San Luis Obispo	Division: Coastal	Chapter: 8
Inspected by: SSA Gomez - #A12534		Date: 9/14/2009


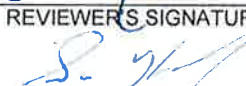
Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/20/09
	INSPECTOR'S SIGNATURE S.M. Gomez	DATE 9/23/2009
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 9/24/09
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

# INSPECTION PROGRAM

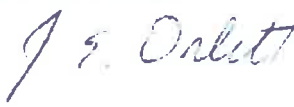

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 1 of 3

Command: <b>Templeton</b>	Division: <b>Coastal</b>	Number: <b>740</b>
Evaluated by <b>J. Orlett, #11940</b>		Date <b>9/10/2009</b>
Assisted by <b>N/A</b>		Date

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required	<input checked="" type="checkbox"/> Follow-Up Inspection	Commander's Signature	Date
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY J. Orlett 9/15/2009		<b>9/22/09</b>
For applicable policies, refer to HPM 11.1, Chapter 20.			
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: Corrected as of 9/15/2009
2. What are these procedures?			
<p><i>Past practice was to send in all CHP 735s as soon as the officer completed CHP 415s for time spent on a DUI reimbursement incident. The CHP 735 was then reviewed by a supervisor. Final approval was sent to the lieutenant for signature and then signed forms were sent to the Office Services Supervisor I (OSS-I) for processing. The OSS-I used the Area Information System (AIS) to keep track of the CHP 735s. The OSS-I did not wait for BA results to return.</i></p> <p><i>On 9/15/2009 the process was changed to comply with HPM 11.1. The Area is now in compliance.</i></p>			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: OSS-I
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: The OSS-I and Court Officer are now working together to ensure the suspense system meets the requirements
<ul style="list-style-type: none"> <li>A Blood Alcohol Content (BAC) under .08%</li> <li>A chemical test is positive for drugs only</li> <li>There is no supporting BAC test of drug test (i.e., a refusal)</li> </ul>			
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: There were no delays as the CHP 735 was being sent prior to verification of BAC. This has been corrected.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 2 of 3

<ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>				
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The suspense system now includes this correction.
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Effective 9/15/09, new procedures were established to ensure reconciliation accuracy.
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The arrestee's name or case number is listed on the CHP 415 to track time spent on the incident.
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND DUI COST RECOVERY

Page 3 of 3

16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The hourly rate is programmed into the Acrobat form which has not been updated.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?  <i>Prior to 9/15/09, Area was using AIS. Since that time, the clerical staff has utilized the CHP 735A. New procedures will be implemented to ensure proper dates and processing occurs within the specified timeframes.</i>				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All cases open longer than 12 months are now in a pending file until disposed by the court.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

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Command: <b>Templeton</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>J. Orlett, #11940</b>		Date: <b>9/11/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: <b>OINS</b>		
Due Date: <b>8/14/2009</b>			
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

At the time of inspection on 9/11/2009, the CHP 735 was completed and submitted immediately following the arrest, without waiting for BA results or the investigation's completion. Upon re-inspection on 9/15/09, the Area had corrected the process to include accurate times of DUI reimbursable events and processing of CHP 735s. Additionally, the Area did not have an SOP for CHP 735s. A sample SOP has been provided to the Area.

# COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Templeton	Division: Coastal	Chapter: 8
Inspected by: J. Orlett, #11940		Date: 9/11/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

Corrective measures have already been implemented.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/22/09
<input type="checkbox"/> Reviewer discussed this report with employee	INSPECTOR'S SIGNATURE J. E. Orlett	DATE 9/22/09
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 9/23/09



**INSPECTION PROGRAM**

**CHAPTER 8**

**COMMAND REIMBURSABLE SERVICES**

Page 1 of 4

Command: <b>Templeton</b>	Division: <b>Coastal</b>	Number: <b>740</b>
Evaluated by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/10/2009</b>
Assisted by: <b>N/A</b>		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

<b>TYPE OF INSPECTION</b> <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: <b>9/24/09</b>
For applicable policies, refer to HPM 11.1, Chapter 6			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Task has not occurred during this inspection
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Task has not occurred during this inspection.
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Task has not occurred during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Task has not occurred during this inspection.

9/28/09 sent to area Attn: Commander  
[unclear]

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 2 of 4

#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area has sent original CHP 465s to HQ and retained copies but will retain originals from now on.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 3 of 4

31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:..
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEED/MAZEED reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: To Area then to FMS
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: <b>Templeton</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/10/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: <b>OINS</b>  Due Date: <b>8/14/2009</b>		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

In regards to Question 23—Is the original CHP 465 (Reimbursable Services Agreement) signed and filed at Area?—The Area was sending an Original and one copy of the RSA to Fiscal Management Section; however, upon reviewing policy, the Area will now keep the Original RSA on file for their records. Upon completion of this Chapter 8 inspection report, Templeton Area is in compliance.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Templeton	Division: Coastal	Chapter: 8
Inspected by: SSA J. Gomez, #A12534		Date: 9/10/2009



Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer (See HPM 9 1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/24/09
	INSPECTOR'S SIGNATURE S. M. Newman SET for	DATE 9/24/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 9/25/09

# INSPECTION PROGRAM



## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 1 of 4

Command: <b>Division</b>	Division: <b>Coastal</b>	Number: <b>701</b>
Evaluated by: <b>J. Orlett, #11940</b>		Date: <b>9/10/2009</b>
Assisted by: <b>N/A</b>		Date: <b>9/10/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required:	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature:	Date:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY: _____		<b>9/24/2009</b>
For applicable policies, refer to HPM 11.1, Chapter 6.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 2 of 4

#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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effect?				
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Procedure corrected.
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Coordinator utilizes Division-wide CHP 466.
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEED/MAZEED reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Division Coordinator does not have a back-up. On occasion, reports have been delayed in Coordinator's absence.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Division Coordinator receives payment in full before conducting services. Policy procedures are followed thereafter.
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.



## COMMAND INSPECTION PROGRAM

### EXCEPTIONS DOCUMENT

Page 1 of 2

Command: Division	Division: Coastal	Chapter: 8
Inspected by: J. Orlett, #11940		Date: 9/10/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  3 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection: Chapter 8 Command Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

None

### Command Suggestions for Statewide Improvement:

To save on paper costs, send electronic copies when available. For example, scan paper copies of the approved Reimbursable Services Contract to Division and/or Fiscal Management Section (FMS) for file. Currently, Caltrans has implemented this process by providing scanned copies of their Transportation Permits to CHP Coastal Division (Commercial Unit), as means of saving on paper/printing costs.

### Inspector's Findings:

In regards to the CHP 466, *Reimbursable Services Log*, Division has updated procedures to identify the date issued to FMS. Upon completion of the Chapter 8 inspection, Coastal Division is in compliance.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: Division	Division: Coastal	Chapter: 8
Inspected by: J. Orlett, #11940		Date: 9/10/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

None

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>S. M. Newman</i>	DATE 9/24/2009
	INSPECTOR'S SIGNATURE <i>J. E. Orlett</i>	DATE 9/24/09
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE <i>S. M. Newman</i>	DATE 9/24/09
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

**M e m o r a n d u m**

Date: September 24, 2009

To: Coastal Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Coastal Division

File No.: 701.13808

Subject: **COMMAND INSPECTION PROGRAM, HPM 22.1, CHAPTER 8, DUI COST  
RECOVERY—COASTAL DIVISION EXEMPTED**

This memorandum is to document that the Coastal Division office (proper) does not participate in the DUI Cost Recovery Program. All personnel assigned directly to Coastal Division, who have occasion to participate in events that may result in the generation of DUI Cost Recovery documentation, do so in conjunction with the Area office in which the event occurred. As such, Coastal Division maintains no DUI Cost Recovery files and no formal Chapter 8 inspection for DUI Cost Recovery was conducted at the Division office during the second quarter of 2009.





S. M. NEUMANN, Sergeant

*Safety, Service, and Security*

Command: <b>Santa Cruz</b>	Division: <b>Coastal</b>	Number: <b>720</b>
Evaluated by: <b>J. Orlett, #11940</b>		Date: <b>9/14/2009</b>
Assisted by: <b>A. Carrillo, #11324</b>		Date: <b>9/14/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: <b>9-22-09</b>
For applicable policies, refer to HPM 11.1, Chapter 20.			
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
2. What are these procedures?  <p><i>CHP 735s are prepared by the arresting officer and attached to the CHP 555/CHP 202 and forwarded to the Accident Investigation Review Officer's (AIRO) desk. The AIRO makes an Area Information System (AIS) entry indicating in the comment section a CHP 735 has been generated. After the review and any corrections, the CHP 735 is forwarded to a sergeant. The sergeant reviews the CHP 735 and associated CHP 415s for accuracy, then stamps the notes section and reconciles the times on the CHP 735 with the accompanying CHP 415s. The CHP 735 is sent to the OSS-I for processing. Currently this Area has reduced its processing time from 38 days to 18 days.</i></p>			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> <li>• A Blood Alcohol Content (BAC) under .08%</li> <li>• A chemical test is positive for drugs only</li> <li>• There is no supporting BAC test of drug test (i.e., a refusal)</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks: There is a significant delay in processing the CHP 735s. An officer takes an average 1-3 day to complete a report, which is then

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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<ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>				reviewed by the AI Review Officer. If corrections are necessary it is returned, causing further delay. Once the collision report is complete, the CHP 735 is sent for review by a sergeant and then to the captain for approval. The CHP 735 is then sent to clerical for processing. Delays can occur depending on staffing schedules and other duties.
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: There is a significant delay in processing the CHP 735s. After the blood test analysis is received, it is entered into the log, but the CHP 735 is not processed in a timely manner. Additionally, when BAC is below 0.08, the sample is retested for drugs. This also causes another delay in completing the CHP 735.
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: A stamp is used in the note section to ensure correct times.
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?				
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: the hourly rate is programmed into the Acrobat form which has not been updated
17. Is a copy of the CHP 735 being retained at the command and filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? N/A				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All cases open longer than 12 months are reviewed, but not closed until a disposition from the court.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Electronic tracking
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The most common deficiency is the delay in processing qualifying CHP 735s to FMS in a timely manner. Area has reduced the time during the last quarter.
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS



**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: <b>Santa Cruz</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>J. Orlett, #11940</b>		Date: <b>9/14/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input checked="" type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Although Area is not submitting CHP 735s to FMS within the required 10-day window, Area has been addressing the issue as of late and has reduced the processing time from 38 days down to 18 days. Area is to be commended for their efforts in this endeavor. Of course, Area is aware of the 10-day submission requirement and will continue to expedite the processing of CHP 735s until the appropriate timeframe is achieved. One recommendation toward achieving this goal is to immediately separate the CHP 735 from the CHP 555/CHP 202, so the CHP 735 is not delayed during the collision report/arrest report review process. The CHP 735 and accompanying CHP 415s can be forwarded to the OSS-I for processing as soon as they are completed.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: <b>Santa Cruz</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>J. Orlett, #11940</b>		Date: <b>9/14/2009</b>

Commander's Response: ☐ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

Coastal Division will follow-up with the Santa Cruz Area in one month to ensure Area is compliance with the 10-day submission requirement.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>C. Manuquay</i>	DATE <i>9-22-09</i>
	INSPECTOR'S SIGNATURE <i>J. S. Orlett</i>	DATE <i>9-23-09</i>
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>S. 767</i>	DATE <i>9-24-09</i>

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 1 of 4

Command: <b>Santa Cruz</b>	Division: <b>Coastal</b>	Number: <b>720</b>
Evaluated by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/14/2009</b>
Assisted by: <b>Sgt. A. Carrillo, #11324</b>		Date: <b>9/14/2009</b>

**INSTRUCTIONS:** Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required:	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature:	Date:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY: _____		<b>9-24-09</b>
For applicable policies, refer to HPM 11.1, Chapter 6.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1.	Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2.	Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3.	When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
4.	Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
5.	Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6.	Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7.	Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8.	Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9.	Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10.	Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
11.	Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 2 of 4

#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Completed by Division
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Completed by Division
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Original sent to FMS.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Original 467s sent to FMS; however, the Area does not maintain a CHP 466 to verify the 467s are processed within 5 days.
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No outstanding items during this inspection.
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEED/MAZEED reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Coordinator receives payment in full before conducting services. Policy procedures are followed thereafter.
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.



**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: <b>Santa Cruz</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA Gomez, #A12534</b>		Date: <b>9/14/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  3 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection: Chapter 8 Command Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

In regards to Question 23—Is the original CHP 465 (Reimbursable Services Agreement) signed and filed at Area?—The Area was sending an Original and one copy of the RSA to Fiscal Management Section; however, upon reviewing policy, the Area will now keep the Original RSA on file for their records. Also, during the inspection it was identified the Area did not maintain a CHP 466, *Reimbursable Services Control Log*. This procedure has been corrected as of 9/15/2009; Area is now in compliance with policy. Upon completion of this Chapter 8 inspection report, Santa Cruz Area is in compliance.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: <b>Santa Cruz</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA Gomez, #A12534</b>		Date: <b>9/14/2009</b>

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

None

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>P. Hernandez</i>	DATE <i>9-24-09</i>
	INSPECTOR'S SIGNATURE <i>S.M. Guzman</i>	DATE <i>9/24/2009</i>
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>S. Gomez</i>	DATE <i>9/24/09</i>

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**INSPECTION PROGRAM**  
CHAPTER 8  
COMMAND DUI COST RECOVERY

Command: <b>Hollister-Gilroy</b>	Division: Coastal	Number:
Evaluated by: Sgt. Dave Hill		Date: 9-11-09
Assisted by: Officer Chris Gallego		Date: 9-11-09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level                      x Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:			
Follow-up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____		Commander's Signature: _____ Date: _____	
For applicable policies, refer to HPM 11.1, Chapter 20.					
<b>Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.</b>					
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?		x Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. What are these procedures?  735 Prepared by arresting Officer. 735 attached to investigation/incident and forwarded to A.I. desk. A.I. Officer makes an AIS entry (collision screen) indicating in the comments section a 735 has been generated. After AI review, 735 and investigation/incident is forwarded to a Sgt. Sgt reviews 735 and 415's for accuracy and forwards to the Court Officer for processing. Court Officer checks the 735 and 415's for accuracy. Court Officer updates AIS in the DUI cost information screen. If 735 requirements (A or B) are met, the 735 is forwarded to the Clerical Supervisor for final processing. Court Officer makes an entry in the notes section of AIS when this is accomplished. Clerical Supervisor completes her portion of the 735 and forwards to FMS. A copy of the 735 and 415's are retained at the Area in a 735 folder in a locked file cabinet. 735's which are in a suspense mode are kept in a locked file drawer in the Court Officer's Desk. Court Officer reviews the quarterly outstanding list of 735 which are provided by FMS.					
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?		x Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Court Officer. Officer Chris Gallego
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?		x Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND DUI COST RECOVERY

5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> <li>• A Blood Alcohol Content (BAC) under .08%</li> <li>• A chemical test is positive for drugs only</li> <li>• There is no supporting BAC test of drug test (i.e., a refusal)</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> <li>• The date of BAC results of <math>\geq</math>.08% were received</li> <li>• The date of BAC results of <math>\geq</math>.04% were received for a commercial driver</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> <li>• The person arrested refused to provide a chemical test</li> <li>• The arrest was for drugs only</li> <li>• A BAC of <math>&lt;</math> .08% was obtained</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All information is logged in the comments section of AIS.
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND DUI COST RECOVERY

13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Officers indicate billable time with defendants name in line entry on 415.
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> <li>• Response Time</li> <li>• On-Scene Investigation</li> <li>• Follow-up Investigation</li> <li>• Report Writing</li> <li>• Vehicle Storage</li> <li>• Call Back</li> <li>• Field Sobriety Testing</li> <li>• Transportation</li> <li>• Booking</li> <li>• Chemical Testing</li> <li>• Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?  AIS is utilized as the tracking mechanism (arrest screen, DUI cost)				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> <li>• Defendant Information</li> <li>• Violation Information</li> <li>• Court Information</li> <li>• FMS Information</li> <li>• BAC test results</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND DUI COST RECOVERY

21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Open cases remain in suspense until a court decision is rendered.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: not utilized.
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: If a dispute memo causes review by Area and amount is less than originally indicated, a new 735 and memo are sent to FMS explaining changes in billable hours.
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:



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COMMAND REIMBURSABLE SERVICES

Command: <b>Hollister-Gilroy</b>	Division:Coastal	Number:
Evaluated by: <b>Sgt. Dave Hill</b>		Date: <b>9-11-09</b>
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level                      x Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____		Commander's Signature:                      Date:
For applicable policies, refer to HPM 11.1, Chapter 6.				
<b>Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.</b>				
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	x Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	x Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	x N/A	Remarks: Have not performed this task.
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	x N/A	Remarks: Have not performed this task.
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	x Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	x Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	x Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	x Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	x Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	x Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	x N/A	Remarks: Have not performed this task.

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**INSPECTION PROGRAM**  
CHAPTER 8  
COMMAND REIMBURSABLE SERVICES

**Questions 12 through 17 pertain to collecting advance deposits.**

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

**Questions 18 through 31 pertain to the preparation of agreements.**

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Have not performed this task.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Have not performed this task.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Have not performed this task.
29. Are dignitary protection services referred to the Office				Remarks:

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**INSPECTION PROGRAM**  
CHAPTER 8  
COMMAND REIMBURSABLE SERVICES

of Dignitary Protection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Have not performed this task.
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Have not performed this task.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Have not performed this task.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Have not performed this task.
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Clerical
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Clerical
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Clerical
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Clerical
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Clerical
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Clerical
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Clerical
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Have not performed this task.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Clerical
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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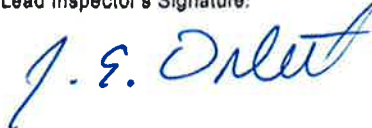

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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Command: Hollister-Gilroy	Division: Coastal	Number: 725
Evaluated by: J. Orlett, #11940		Date: 9/14/2009
Assisted by: A. Carrillo, #11324		Date: 9/14/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:			
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level				
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection				
FOLLOW-UP REQUIRED:		Commander's Signature:		Date:	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	BY: _____		 9-22-09	
For applicable policies, refer to HPM 11.1, Chapter 20.					
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.					
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. What are these procedures?					
<p>CHP 735 are prepared by the arresting officer and attached to the investigation and then forwarded to the Accident Investigation Review Officer (AIRO). The AIRO makes an Area Information System (AIS) entry on the Collision screen indicating in the comment section a CHP 735 has been generated. After AIRO review, the CHP 735 and collision investigation are forwarded to a sergeant for review. The sergeant reviews the CHP 735 and associated CHP 415s for accuracy and then forwards the forms to the Court Officer for processing. The Court Officer checks the CHP 735 and CHP 415s for accuracy. The Court Officer updates AIS in the DUI Cost Information screen. Once Section A requirements are met, the CHP 735 is forwarded to the Office Services Supervisor (OSS) for final processing. The Court Officer makes an entry in the notes section of the AIS when this is accomplished. Open cases (Section B requirements) remain in suspense until a court decision is rendered. Forms are kept in a locked file drawer in the Court Officer's desk. The Court Officer reviews the quarterly outstanding list of CHP 735 which are provided by FMS.</p>					
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Court Officer, Officer Gallego
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<ul style="list-style-type: none"> <li>A Blood Alcohol Content (BAC) under .08%</li> <li>A chemical test is positive for drugs only</li> <li>There is no supporting BAC test of drug test</li> </ul>					

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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<p>7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates?</p> <ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All information is logged in the comments section of AIS.
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Officers indicate billable time with defendant's name in line entry on 415.
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:



12 of this checklist and not exclusively supervisory tasks?				
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the optional CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Refer to #19 below.
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?  <i>AIS is utilized as the tracking mechanism (arrest screen, DUI cost)</i>				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: AIS is used in conjunction with the court documents
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Open cases remain in suspense until a court decision is rendered.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Electronic system used.
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

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Command: <b>Hollister-Gilroy</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>J. Orlett, #11940</b>		Date: <b>09/14/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Area documents billable DUI-cost-recovery time appropriately on the CHP 415 and is currently submitting in CHP 735s to FMS within 10 days. Area is in compliance with applicable policy and law pertaining to DUI Cost Recovery.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

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Command: Hollister-Gilroy	Division: Coastal	Chapter: 8
Inspected by: J. Orlett, #11940		Date: 09/14/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non-concurrence by commander (e.g.: findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline



N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>M. O. DeLaney</i>	DATE 9-22-09
	INSPECTOR'S SIGNATURE <i>J. E. Orlett</i>	DATE 9-22-09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>S. 7-1</i>	DATE 9-23-09

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Command: <b>Hollister-Gilroy</b>	Division: <b>Coastal</b>	Number: <b>725</b>
Evaluated by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/14/2009</b>
Assisted by: <b>Sgt. A. Carrillo, #11324</b>		Date: <b>9/14/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: <b>9-24-09</b>
For applicable policies, refer to HPM 11.1, Chapter 6.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.



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## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEP, MAZEEP, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Log maintained by Division
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Procedure corrected.
38. Are outstanding items being inspected and resolved?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.



## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Coordinator receives payment in full before conducting services. Policy procedures are followed thereafter.
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task not performed during this inspection.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

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Command: <b>Hollister-Gilroy</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA Gomez - #A12534</b>		Date: <b>9/14/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  3 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: <b>OINS</b>  Due Date: <b>8/14/2009</b>		
Chapter Inspection: Chapter 8 Command Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

In regards to Question 36—Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?—The Area has corrected this procedure as of 9/15/2009 and will email their Control Log to the Division Coordinator by the 15<sup>th</sup> of every month. Upon completion of this Chapter 8 inspection report, the Hollister-Gilroy Area is in compliance.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

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Command: <b>Hollister-Gilroy</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA Gomez - #A12534</b>		Date: <b>9/14/2009</b>

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

**Required Action**

**Corrective Action Plan/Timeline**

None

<input type="checkbox"/> Employee would like to discuss this report with the reviewer (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>[Signature]</i>	DATE <i>9-24-09</i>
	INSPECTOR'S SIGNATURE <i>S.M. Yumana</i>	DATE <i>9/24/2009</i>
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE <i>[Signature]</i>	DATE <i>9/17/09</i>
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

**M e m o r a n d u m**

Date: September 22, 2009

To: Coastal Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Coastal Division

File No.: 701.13808

Subject: **COMMAND INSPECTION PROGRAM, HPM 22.1, CHAPTER 8, COMMAND  
REIMBURSABLE SERVICES AND DUI COST RECOVERY—GILROY  
INSPECTION FACILITY EXEMPTED**

With the concurrence of the Facility commander, Lieutenant M. Delaney, no formal Chapter 8 inspection was conducted at the Gilroy Inspection Facility during the second quarter of 2009. The Facility does not participate in reimbursable services contracts or the DUI cost recovery program. Involvement by Facility personnel in either program is ancillary in nature and associated paperwork handled by one of the adjoining Area offices.





S. M. NEUMANN, Sergeant

cc: Gilroy Inspection Facility

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**INSPECTION PROGRAM**  
CHAPTER 8  
COMMAND DUI COST RECOVERY  
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Command: <b>Monterey</b>	Division: <b>Coastal</b>	Number: <b>730</b>
Evaluated by: <b>K. Sonniksen, #15088</b>		Date: <b>9/15/2009</b>
Assisted by: <b>C. Bonilla, #15965</b>		Date: <b>9/15/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: <b>9-22-09</b>
For applicable policies, refer to HPM 11.1, Chapter 20.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. What are these procedures?  <i>The arresting officer is required to fill out an Area-specific form which is titled "DUI ARREST CHECKLIST CHP 202 / CHP 216 / INCIDENT COVERSHEET" (copy attached). The coversheet includes check boxes which indicate the forms required for each type of arrest / incident encountered. Officers are further required to fill out the CHP 735 and attach it to a DUI report when the report is generated as a response to an incident. Instructions on the checklist advise the arresting officer to include copies of Automated CHP 415s. Sergeants then review the arrest report and ensure that the CHP 735 is filled out properly.</i>				
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> <li>• A Blood Alcohol Content (BAC) under .08%</li> <li>• A chemical test is positive for drugs only</li> <li>• There is no supporting BAC test of drug test (i.e., a refusal)</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Significant delays in the processing of CHP 735s were noted. Delays may have been due to court

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND DUI COST RECOVERY

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<ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>				<p>officer vacation as the court officer is the only person authorized by DOJ to open blood test result envelopes. Also it was noted that oftentimes officers fail to attach a CHP 735 to a qualifying arrest report. Delays are encountered when officers must complete a CHP 735 after the fact as it is more difficult to get copies of CHP 415s.</p>
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>Remarks:</p>
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>Remarks:</p>
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<p>Remarks: No transient files were found or inspected for the time frame audited.</p>
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>Remarks:</p>
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>Remarks: Of the numerous CHP 735 forms inspected, one CHP 735 did not match the 415's by ten minutes.</p>
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>Remarks: Time is broken down in the ACTIVITY / COMMENTS section of the CHP 415.</p>
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>Remarks:</p>
<p>15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>Remarks:</p>



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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12 of this checklist and not exclusively supervisory tasks?				
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? N/A				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The most common deficiency is the delay in processing qualifying CHP 735s to FMS in a timely manner. Copy of Memo from FMS dated April 15, 2009, attached.
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

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Command: <b>Monterey</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>K. Sonniksen, #15088</b>		Date: <b>9/15/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  3 hours	<input checked="" type="checkbox"/> Corrective Action Plan Included  <input checked="" type="checkbox"/> Attachments Included
Follow-up Required:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: <b>OINS</b>  Due Date: <b>8/14/2009</b>		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Area developed an Area-specific *DUI Arrest Checklist CHP 202 / CHP 216 / Incident Coversheet* form. The form itself is a useful communications tool for any arrest, but is of particular interest since it guides specifically in the appropriate form completion for DUI cost recovery incidents.

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Area's average for submission of CHP 735s to FMS exceeded 10 working days. Area is aware of the need to expedite the processing of CHP 735 and associated CHP 415s in order to come into compliance with the 10-day requirement. Additionally, then need for sergeants to perform a diligent review of all arrests which are a result of a response to an incident and ensure that all forms are filled out and turned in a timely manner was discussed.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: <b>Monterey</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>K. Sonniksen, #15088</b>		Date: <b>9/15/2009</b>

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

Coastal Division will follow-up in one month to ensure the following are implemented:

1. Area will strive for 100% submission of CHP 735s to FMS with the 10 working day requirement. In order to accomplish this task, Area must expedite CHP 415 processing.
2. Area will ensure sergeants diligently review all arrests involving DUI cost recovery to ensure both CHP 415 and CHP 735 are completed properly and then submitted in a timely manner.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>9-22-09</b>
	INSPECTOR'S SIGNATURE 	DATE <b>9-23-09</b>
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE <b>9.24.09</b>

**M e m o r a n d u m**

Date: April 15, 2009

APR 20 2009

To: Monterey Area - 730  
Attention: Captain M. S. LynchFrom: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Fiscal Management Section

File No.: 71.A12567

Subject: SUBMISSION OF CHP 735 "INCIDENT RESPONSE"

The attached DUI Cost Recovery Program report lists all CHP 735s, "Incident Response Reimbursement Statement," posted to the system between January 1 and March 31, 2009. The report will assist you in monitoring the length of time it currently takes to submit a CHP 735. Your review of this report will also assure you that documents submitted by your command are received and processed by the Fiscal Management Section (FMS). Current policy states that CHP 735s are to be submitted to FMS within ten business days after supporting BAC test results are received, or within 10-days of the conviction date without a supporting BAC or if the arrest was for a drug-related DUI.

The report notes arrest or conviction, received in FMS, billed, receipt of BAC results, and submission dates to FMS. It also provides the number of days between the BAC results received date, conviction date, and the date the CHP 735 was received in FMS for each CHP 735. Noted at the end of the report is the total amount billed, total number of invoices billed and the average number of days between the date the BAC results are received, or conviction date, and the date received in FMS.

If you have questions regarding the data reflected in this report, please contact Ms. Julie Martin of the Reimbursable Services Unit at (916) 375-2776 or E-mail JGMartin.

  
JOAN PARKS  
Commander

Attachment

## DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

735 Area Statistics

Time Period 1/1/2009 - 3/31/2009



## 730 - MONTEREY

#	Invoice Number	Arrest Date	Conviction Date	Date Rec'd In Accounting	Date Billed	# Days From BAC Or Conv. To Rec'd	BAC Results Rec'd Date	Submitted To Accounting Date	Name	Amount
1	131715	2/28/2009		3/5/2009	4/3/2009			3/4/2009	James C. Cole Jr.	\$476.00
2	130533	12/17/2008		1/13/2009	2/27/2009				Juan Carlos Rojas Gayton	\$420.00
3	131528	10/10/2008		2/26/2009	4/2/2009			2/23/2009	Mary L. Cisslak	\$396.00
4	130532	1/17/2009		1/13/2009	2/27/2009	0	1/17/2009		Charles Mandala Powers	\$504.00
5	131716	3/1/2009		3/5/2009	4/3/2009	0	3/1/2009	3/4/2009	John F. V...	\$378.00
6	130176	12/16/2008		1/21/2009	2/19/2009	5	1/12/2009	1/16/2009	Barbara Alicia Jaregui	\$294.00
7	130177	12/18/2008		1/21/2009	2/19/2009	5	1/12/2009	1/16/2009	...	\$854.00
8	131515	1/16/2009		2/26/2009	4/2/2009	6	2/16/2009	2/23/2009	Jose De Jesus Andrade	\$756.00
9	131517	1/15/2009		2/26/2009	4/2/2009	6	2/16/2009	2/23/2009	David C. Sullivan	\$1,540.00
10	131519	1/11/2009		2/26/2009	4/2/2009	6	2/16/2009	2/23/2009	Ed ...	\$434.00
11	131523	12/26/2008		2/26/2009	4/2/2009	6	2/16/2009	2/23/2009	Cody J. Hansen	\$924.00
12	131521	12/30/2008		2/26/2009	4/2/2009	6	2/16/2009	2/23/2009	David P. Ramos	\$756.00
13	131518	1/11/2009		2/26/2009	4/2/2009	6	2/16/2009	2/23/2009	Jessica May Smyre	\$630.00
14	130174	12/7/2008		1/21/2009	2/19/2009	7	1/10/2009	1/16/2009	Jesus Ramirez Esparza	\$406.00
15	130175	11/13/2008		1/21/2009	2/19/2009	7	1/10/2009	1/16/2009	Gordon Eugene Spill	\$616.00
16	131717	2/20/2009		3/5/2009	4/3/2009	8	2/21/2009	3/4/2009	Dorance L. Graves	\$448.00
17	130613	1/23/2009		2/4/2009	3/4/2009	8	1/23/2009		...	\$728.00
18	131154	1/23/2009		2/18/2009	3/20/2009	11	2/3/2009	2/13/2009	Jana Lynn Castaldo	\$910.00
19	130596	1/17/2009		2/4/2009	3/4/2009	14	1/17/2009		Deni ...	\$616.00
20	130597	1/17/2009		2/4/2009	3/4/2009	14	1/17/2009		Nan ...	\$770.00
21	130595	1/16/2009		2/4/2009	3/4/2009	15	1/16/2009		Royce Rivera Olivera	\$350.00
22	129477	11/29/2008		1/5/2009	1/20/2009	17	12/15/2008	12/15/2008	Ricardo Antonio Fernandez	\$660.00
23	129481	10/12/2008		1/5/2009	1/20/2009	17	12/15/2008	12/15/2008	David A. Rivera	\$542.67
24	130178	12/29/2008		1/21/2009	2/19/2009	19	12/29/2008	1/16/2009	Juan Mendoza	\$210.00
25	130170	8/20/2008		1/21/2009	2/19/2009	20	12/28/2008	1/16/2009	Frank C. Johnson	\$410.67
26	131531	2/2/2009		2/26/2009	4/2/2009	20	2/2/2009	2/23/2009	Felix C. Varguez	\$462.00
27	131529	11/1/2008		2/26/2009	4/2/2009	21	2/1/2009	2/23/2009	Fidel Cruz	\$542.67
28	130179	12/22/2008		1/21/2009	2/19/2009	26	12/22/2008	1/16/2009	Sam A. Best Chavez	\$462.00
29	129478	12/6/2008		1/5/2009	1/20/2009	26	12/6/2008	12/15/2008	...	\$378.00
30	130080	10/25/2008		1/5/2009	2/17/2009	27	12/5/2008	12/15/2008	Manuel Ramon Nunez IV	\$704.00
31	129475	11/8/2008		1/5/2009	1/20/2009	27	12/5/2008	12/15/2008	Sandra ...	\$293.33
32	129474	11/16/2008		1/5/2009	1/20/2009	27	12/5/2008	12/15/2008	Miguel Angel V. Uribe	\$278.67
33	130169	8/16/2008	12/19/2008	1/21/2009	2/19/2009	29	12/10/2008	1/16/2009	Christopher James Ponsinangou	\$572.00
34	129476	10/31/2008		1/5/2009	1/20/2009	31	12/1/2008	12/15/2008	Guadalupe D. W...	\$484.00
35	129480	11/30/2008		1/5/2009	1/20/2009	32	11/30/2008	12/15/2008	Shawndrea Leighanne Gadiann	\$792.00
36	129479	11/27/2008		1/5/2009	1/20/2009	35	11/27/2008	12/15/2008	Masami Fletcher Jamison	\$396.00
37	131525	11/22/2008		2/26/2009	4/2/2009	37	1/16/2009	2/23/2009	Chandy G. Tao	\$440.00
38	130173	12/7/2008		1/21/2009	2/19/2009	41	12/7/2008	12/15/2008	Javier Hernandez Ramos	\$420.00

## DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

735 Area Statistics

Time Period 1/1/2009 - 3/31/2009



## 730 - MONTEREY


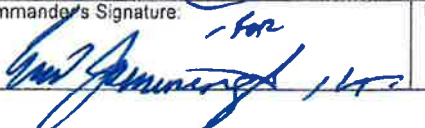
#	Invoice Number	Arrest Date	Conviction Date	Date Rec'd In Accounting	Date Billed	# Days From BAC Or Conv. To Rec'd	BAC Results Rec'd Date	Submitted To Accounting Date	Name	Amount
39	131526	11/29/2008		2/26/2009	4/2/2009	48	1/5/2009	2/23/2009	Severy Ann Veyna	
40	130171	9/22/2008	11/26/2008	1/21/2009	2/19/2009	52	12/28/2008	1/16/2009	Ronda Lyn Robinson	\$733.33
41	131527	12/2/2008		2/26/2009	4/2/2009	65	12/19/2008	2/23/2009	Christine B McClain	\$366.67
42	131524	11/15/2008		2/26/2009	4/2/2009	89	11/25/2008	2/23/2009	Christel N. Taquiran	\$490.00
43	130172	10/18/2008		1/21/2009	2/19/2009	91	10/18/2008	1/16/2009	V. Norma Quintana	\$528.00
44	130167	7/29/2008		1/21/2009	2/19/2009	108	10/1/2008	1/19/2009	Jamima Kathryn Fonteschio	\$953.33
45	131530	11/1/2008		2/26/2009	4/2/2009	113	11/1/2008	2/23/2009	Van G. Garza	\$3,505.33
46	130168	4/29/2008		1/21/2009	2/19/2009	263	4/29/2008	1/16/2009	Hailary Roman	\$366.67
Total Amount Billed										\$1,041.33
Total # Billed										46
Average # Of Days Bet. BAC/Conv. And Recd.										31



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**INSPECTION PROGRAM**  
CHAPTER 8  
COMMAND REIMBURSABLE SERVICES  
Page 1 of 4

Command: <b>Monterey</b>	Division: <b>Coastal</b>	Number: <b>730</b>
Evaluated by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/15/2009</b>
Assisted by: <b>Officer K. Sonniksen, #15088</b>		Date: <b>9/15/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: <b>9-24-09</b>
For applicable policies, refer to HPM 11.1, Chapter 6.			
<b>Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.</b>			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A      Remarks: Task has not occurred during this inspection
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A      Remarks: Task has not occurred during this inspection.
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A      Remarks: Task has not occurred during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A      Remarks: Task has not occurred during this inspection.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 2 of 4

#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 3 of 4

31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
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#### Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.

32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Procedure corrected.
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.

39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEED/MAZEED reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

Page 4 of 4

49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Coordinator receives payment in full before conducting services. Policy procedures are followed thereafter.
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: <b>Monterey</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA Gomez - #A12534</b>		Date: <b>9/15/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  3 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection: Chapter 8 Command Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

In regards to Question 36—Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?—The Area has corrected this procedure as of 9/15/2009 and will email their Control Log to the Division Coordinator by the 15<sup>th</sup> of every month. Upon completion of this Chapter 8 inspection report, the Monterey Area is in compliance.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: <b>Monterey</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA Gomez - #A12534</b>		Date: <b>9/15/2009</b>

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

None

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>9-24-09</b>
	INSPECTOR'S SIGNATURE 	DATE <b>9/24/2009</b>
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE <b>9/27/09</b>
<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur		



**INSPECTION PROGRAM**



**CHAPTER 8**

**COMMAND DUI COST RECOVERY**

Page 1 of 3

Command: <b>King City</b>	Division: <b>Coastal</b>	Number: <b>735</b>
Evaluated by: <b>K. Sonniksen, #15088</b>		Date: <b>9/15/2009</b>
Assisted by: <b>J. Gomez, #A12534</b>		Date: <b>9/15/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:  #15088	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: <b>09.22.09</b>
For applicable policies, refer to HPM 11.1, Chapter 20.			
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
2. What are these procedures?  <i>Excerpt from Area SOP, Chapter 3:</i> <b><u>CHP 735, Incident Response Reimbursement Statement</u></b> <i>Refer to HPM 11.1, Administrative Procedures Manual, Chapter 20. Officers are responsible for preparing a CHP 735, Incident Response Reimbursement Statement, that meets the cost recovery criteria. Completed CHP 735 forms based on Section A shall be forwarded to Fiscal Management Section (FMS), Reimbursable Services Unit, within ten business days of the date BAC results of 0.08% or greater are received or the date BAC results of 0.04% or greater are received for a commercial driver. Completed CHP 735 based on Section B shall be forwarded to FMS within ten business days of the notification of a conviction of Vehicle Code Sections 23152, 23153, or a greater offense as a result of a refusal, an arrest for drugs only, or a BAC of less than 0.08%.</i>			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: OA Finch is assigned this responsibility. In Ms. Finch's absence, OSS-I Morales will handle.	
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: OA desk "how to" procedures.	
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> <li>• A Blood Alcohol Content (BAC) under .08%</li> <li>• A chemical test is positive for drugs only</li> <li>• There is no supporting BAC test of drug test</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 2 of 3

<p>7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates?</p> <ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area has not processed a "transient" case.
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: CHP 415A copies are attached to the CHP 735.
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Included as a line item.
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist &amp; not exclusively supervisory tasks?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: If applicable.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 3 of 3

16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Hourly rate MIS used for handwritten 735's. Computer generated 735's calculate automatically.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the optional CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?  N/A				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> <li>Defendant Information</li> <li>Violation Information</li> <li>Court Information</li> <li>FMS Information</li> <li>BAC test results</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Ms. Finch uses all of these sources to track cases.
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Some cases run longer than 12 months. Ms. Finch checks case status regularly.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Ms. Finch puts this information on the CHP 735A. She also maintains a "closed" folder.
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area does not issue refunds for overpayment
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: These are reviewed by the commander. CHP 735 completion is also reviewed quarterly by the commander as part of reimbursable services review..
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS only.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: <b>King City</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>C. Dabbs, #17137</b>		Date: <b>9/15/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:
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None

Inspector's Findings:
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Area documents billable DUI-cost-recovery time appropriately on the CHP 415 and is currently submitting in CHP 735s to FMS within 10 days. Area is in compliance with applicable policy and law pertaining to DUI Cost Recovery.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: King City	Division: Coastal	Chapter: 8
Inspected by: C. Dabbs, #17137		Date: 9/15/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None

Required Action

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 09.28.09
	INSPECTOR'S SIGNATURE C. Dabbs	DATE 09/23/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 9/24/09



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 1 of 4

Command: King City	Division: Coastal	Number: 735
Evaluated by: SSA J. Gomez, #A12534		Date: 9/15/2009
Assisted by: Officer K. Sonniksen, #15088		Date: 9/15/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies in policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
Division Level	<input type="checkbox"/> Command Level	<i>J. M. [Signature]</i>	
Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required:	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature:	Date:
Yes <input checked="" type="checkbox"/> No	BY: _____	<i>[Signature] for LT. [Name]</i>	9/24/09
For applicable policies, refer to HPM 11.1, Chapter 6.			

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area has sent original CHP 465s to HQ and retained copies but will retain originals from now on.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Division does not require negative reports. Area sends a copy of the log when service is performed and at the end of the FY.
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Copy sent to FMS and Division coordinator.
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: To Area then to FMS
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: <b>King City</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/15/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: <b>OINS</b>  Due Date: <b>8/14/2009</b>		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

In regards to Question 23—Is the original CHP 465 (Reimbursable Services Agreement) signed and filed at Area?—The Area was sending an Original and one copy of the RSA to Fiscal Management Section; however, upon reviewing policy, the Area will now keep the Original RSA on file for their records. Upon completion of this Chapter 8 inspection report, King City Area is in compliance.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: <b>King City</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/15/2009</b>

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

N/A

Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>[Signature]</i>	DATE <b>9/24/09</b>
	INSPECTOR'S SIGNATURE <i>[Signature]</i>	DATE <b>9/24/2009</b>
Reviewer discussed this report with employee Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>[Signature]</i>	DATE <b>9/24/09</b>

Command: <b>Templeton</b>	Division: <b>Coastal</b>	Number: <b>740</b>
Evaluated by <b>J. Orlett, #11940</b>		Date <b>9/10/2009</b>
Assisted by <b>N/A</b>		Date

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature <i>J. Orlett</i>	
Follow-up Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Follow-Up Inspection BY J. Orlett 9/15/2009	Commander's Signature <i>[Signature]</i>	Date <b>9/22/09</b>
For applicable policies, refer to HPM 11.1, Chapter 20.			
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: Corrected as of 9/15/2009
2. What are these procedures?		<p><i>Past practice was to send in all CHP 735s as soon as the officer completed CHP 415s for time spent on a DUI reimbursement incident. The CHP 735 was then reviewed by a supervisor. Final approval was sent to the lieutenant for signature and then signed forms were sent to the Office Services Supervisor (OSS-I) for processing. The OSS-I used the Area Information System (AIS) to keep track of the CHP 735s. The OSS-I did not wait for BA results to return.</i></p> <p><i>On 9/15/2009 the process was changed to comply with HPM 11.1. The Area is now in compliance.</i></p>	
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: OSS-I
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: The OSS-I and Court Officer are now working together to ensure the suspense system meets the requirements
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: There were no delays as the CHP 735 was being sent prior to verification of BAC. This has been corrected.



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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<ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>				
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The suspense system now includes this correction.
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Effective 9/15/09, new procedures were established to ensure reconciliation accuracy.
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The arrestee's name or case number is listed on the CHP 415 to track time spent on the incident.
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 3 of 3

16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The hourly rate is programmed into the Acrobat form which has not been updated.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?  <i>Prior to 9/15/09, Area was using AIS. Since that time, the clerical staff has utilized the CHP 735A. New procedures will be implemented to ensure proper dates and processing occurs within the specified timeframes.</i>				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All cases open longer than 12 months are now in a pending file until disposed by the court.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: Templeton	Division: Coastal	Chapter: 8
Inspected by: J. Orlett, #11940		Date: 9/11/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

At the time of inspection on 9/11/2009, the CHP 735 was completed and submitted immediately following the arrest, without waiting for BA results or the investigation's completion. Upon re-inspection on 9/15/09, the Area had corrected the process to include accurate times of DUI reimbursable events and processing of CHP 735s. Additionally, the Area did not have an SOP for CHP 735s. A sample SOP has been provided to the Area.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

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Command:	Division:	Chapter:
Templeton	Coastal	8
Inspected by:	Date:	
J. Orlett, #11940	9/11/2009	

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

**Required Action**

**Corrective Action Plan/Timeline**

Corrective measures have already been implemented.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/22/09
	INSPECTOR'S SIGNATURE J. E. Orlett	DATE 9/22/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 9/23/09

**INSPECTION PROGRAM**



**CHAPTER 8**

**COMMAND REIMBURSABLE SERVICES**

Page 1 of 4

Command: <b>Templeton</b>	Division: <b>Coastal</b>	Number: <b>740</b>
Evaluated by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/10/2009</b>
Assisted by: <b>N/A</b>		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: <b>9/24/09</b>	
For applicable policies, refer to HPM 11.1, Chapter 6				
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 2 of 4

#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area has sent original CHP 465s to HQ and retained copies but will retain originals from now on.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 3 of 4

31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
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#### Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.

32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

#### Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.

39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEED/MAZEED reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: To Area then to FMS
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: <b>Templeton</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/10/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

In regards to Question 23—Is the original CHP 465 (Reimbursable Services Agreement) signed and filed at Area?—The Area was sending an Original and one copy of the RSA to Fiscal Management Section; however, upon reviewing policy, the Area will now keep the Original RSA on file for their records. Upon completion of this Chapter 8 inspection report, Templeton Area is in compliance.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Templeton	Division: Coastal	Chapter: 8
Inspected by: SSA J. Gomez, #A12534		Date: 9/10/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

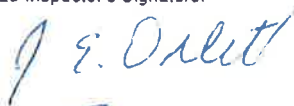

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/24/09
	INSPECTOR'S SIGNATURE S. M. Nelson SGT for	DATE 9/24/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 9/25/09

Command: <b>San Luis Obispo</b>	Division: <b>Coastal</b>	Number: <b>745</b>
Evaluated by: <b>J. Orlett, #11940</b>		Date: <b>9/14/2009</b>
Assisted by: <b>A. Carrillo, #11324</b>		Date: <b>9/14/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature:	Date:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY _____		<b>9/22/09</b>
For applicable policies, refer to HPM 11.1, Chapter 20.			
<b>Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.</b>			
1 Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks:			
2 What are these procedures?			
<p><i>The Standard Operating Procedure (SOP) for the Area included a chapter on completion of the CHP 735 for all incidents meeting the requirements. The SOP also detailed how reconciliation is accomplished and a established a quarterly audit of the forms. Additionally, the CHP 735 log is monitored by the Office Services Supervisor I and Field Operations Officer (Lieutenant). Officers are required to print and attach completed CHP 415s for time spent on a DUI reimbursement incident. These forms shall have the case number/defendant's name highlighted for comparison. They are then reviewed by a supervisor. Final approval is sent to the lieutenant or captain for signature. The signed forms are sent to the Word Processing Technician I for processing.</i></p>			
3 Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks:			
4 If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks:			
5 Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks:			
6 Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> <li>• A Blood Alcohol Content (BAC) under .08%</li> <li>• A chemical test is positive for drugs only</li> <li>• There is no supporting BAC test of drug test (i.e. a refusal)</li> </ul>			
Remarks: Area had been able to access the court database from a remote computer in the Area office. After 5/1/2009, the court system changed and Area has not been able to check on the status of cases. CHP Helpdesk requests have been unable to correct the problem.			
7 Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks: There is a significant delayed in processing the CHP 735's. An officer takes an average 1-3 days			

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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<p>dates?</p> <ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>				to complete a report, which is then reviewed by the AI Review Officer. If corrections are necessary it is returned, causing further delay. Once the collision report is complete, the CHP 735 is sent for review by a sergeant and then to the captain for approval. The CHP 735 is then sent to clerical for processing. Delays can occur depending on office staffing levels and other duties.
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: There is a significant delay in processing the CHP 735's. After the blood test analysis is received, it is entered into the log, but the CHP 735 is not processed in a timely manner. Additionally, when BAC is below 0.08, the sample is retested for drugs. This also causes another delay in completing the CHP 735.
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Effective 10/1/2008, new procedures were established to ensure reconciliation accuracy.
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The arrestee's name or case number is listed on the CHP 415 to track time spent on the incident.
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: the hourly rate is programmed into the Acrobat form which has not been updated
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? <i>Prior to October 2008, Area was manually entering the arrestee's name and information on the FormFlow version of the CHP 735. Since that time, the clerical staff has utilized the automated version generated by the Area Information System (AIS). However, the latest quarterly audit indicted the processing dates for sending the CHP 735s to FMS are not indicated on the CHP 735. New procedures will be implemented to ensure proper dates and processing occurs within the specified timeframes.</i>				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All cases open longer than 12 months are reviewed, but not closed until a disposition from the court.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Electronic system used.
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area has reviewed several CHP 735 when questions have risen regarding changes. There have been some modifications to billing when reconciliation could not be verified (prior to October 2008).
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The most common deficiency is the delay in processing qualifying 735s to FMS in a timely manner. Area recently changed procedures to address one area of delay.
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

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Command: San Luis Obispo	Division: Coastal	Chapter: 8
Inspected by: J. Orlett, #11940		Date: 9/11/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input checked="" type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Area documents billable DUI-cost-recovery time appropriately on the CHP 415. Area is struggling to complete and submit CHP 735s to FMS within the required 10 days and there is a need to streamline the processing system. As recommended, the CHP 735 should be separated from the CHP 555/CHP 202 when they are sent for review; there is no need to wait for the collision and arrest reports to be completed before processing the CHP 735. A suspense system must be developed for pending BAC results or the adjudication of court cases, as applicable. The time for CHP 555/CHP 202 correction should not be included in DUI-reimbursable time.

Command: San Luis Obispo	Division: Coastal	Chapter: 8
Inspected by: J. Orlett, #11940		Date: 9/11/2009

Commander's Response: ☐ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

Coastal Division will follow-up with the San Luis Obispo Area in one month to ensure Area is complying with the 10-day submission requirement. Additionally, the Area's suspense system will be evaluated.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/22/09
	INSPECTOR'S SIGNATURE 	DATE 9/22/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 9-23-09

# INSPECTION PROGRAM


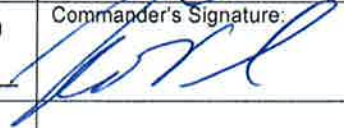
## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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Command: San Luis Obispo	Division: Coastal	Number: 745
Evaluated by: SSA Gomez, #A12534		Date: 9/14/2009
Assisted by: N/A		Date: 9/14/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required:	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature:	Date:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY: _____		9/23/09
For applicable policies, refer to HPM 11.1, Chapter 6.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 2 of 4

#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEP, MAZEEP, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.



## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: To Area then to FMS
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: San Luis Obispo	Division: Coastal	Chapter: 8
Inspected by: SSA Gomez - #A12534		Date: 9/14/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Upon completion of this Chapter 8 inspection, San Luis Obispo Area is in compliance.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: San Luis Obispo	Division: Coastal	Chapter: 8
Inspected by: SSA Gomez - #A12534		Date: 9/14/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

N/A

☐ Employee would like to discuss this report with the reviewer.  
(See HPM 9.1, Chapter 8 for appeal procedures.)

COMMANDER'S SIGNATURE

DATE

INSPECTOR'S SIGNATURE

DATE

☐ Reviewer discussed this report with employee

REVIEWER'S SIGNATURE

DATE

☒ Concur

☐ Do not concur

**INSPECTION PROGRAM**

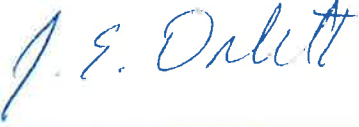
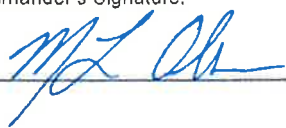
CHAPTER 8

COMMAND DUI COST RECOVERY

Page 1 of 3

Command: <b>Santa Maria</b>	Division: <b>Coastal</b>	Number: <b>750</b>
Evaluated by: <b>J. Orlett, #11940</b>		Date: <b>9/11/2009</b>
Assisted by: <b>H. Mangus, #14610</b>		Date: <b>9/11/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: <b>9/22/09</b>
For applicable policies, refer to HPM 11.1, Chapter 20.			
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
2. What are these procedures?  <i>CHP 735s are prepared by the arresting officer and forwarded for review along with the CHP 555/CHP 202. The Accident Investigation Review Officer (AIRO). The AIRO makes an Area Information System (AIS) entry indicating in the comment section a CHP 735 was generated. Once the CHP 555/CHP 202 are complete, the CHP 735 is sent to the Office Services Supervisor (OSS) and a 735A, Case Log, entry made. The AIRO/Court Officer notifies the OSS when BA results have been received. The OSS then completes the suspense portion and forwards the CHP 735 to FMS. The commander reviews the quarterly outstanding list of CHP 735s which is provided by FMS.</i>			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: OSS-I	
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> <li>A Blood Alcohol Content (BAC) under .08%</li> <li>A chemical test is positive for drugs only</li> <li>There is no supporting BAC test of drug test (i.e., a refusal)</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: Current average is 2-5 days.	

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 2 of 3

<p>dates?</p> <ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>				
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: None in the review period. However, that is the process if needed.
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Reimbursable DUI time is noted and highlighted in the line item. The defendant's name & case number is not noted on all CHP 415.
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 3 of 3

16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The hourly rate is programmed into Acrobat form which has not been update.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?  N/A				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: One case still outstanding due to court procedures and is still in a pending file.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Lieutenant reviews and reconciles
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS.



**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: <b>Santa Maria</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>J. Orlett, #11940</b>		Date: <b>9/11/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Area documents billable DUI-cost-recovery time appropriately on the CHP 415 and is currently submitting in CHP 735s to FMS within 10 days. Area is in compliance with applicable policy and law pertaining to DUI Cost Recovery. The Area has been successful in working with the court officer to minimize delays in receiving BA results and processing of the CHP 735. Area is encouraged to include both the defendant's name and case number in the line item of the CHP 415.

**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 2 of 2




Command: <b>Santa Maria</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>J. Orlett, #11940</b>		Date: <b>9/11/2009</b>

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>9/22/09</b>
	INSPECTOR'S SIGNATURE 	DATE <b>9/22/09</b>
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE <b>9/23/09</b>
<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

# INSPECTION PROGRAM


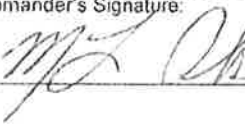
## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 1 of 4

Command: <b>Santa Maria</b>	Division: <b>Coastal</b>	Number: <b>750</b>
Evaluated by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/11/2009</b>
Assisted by: <b>N/A</b>		Date:

**INSTRUCTIONS** Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

<b>TYPE OF INSPECTION</b> <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		<b>Lead Inspector's Signature:</b>  SGT fr	
<b>Follow-up Required:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	<b>Commander's Signature:</b> 	<b>Date:</b> 9-25-09
For applicable policies, refer to HPM 11.1, Chapter 6.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 2 of 4

#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Original sent to accounting.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 3 of 4

31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEP, MAZEEP, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: To Area then to FMS
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.



**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

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Command: <b>Santa Maria</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/11/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: <b>OINS</b>  Due Date: <b>8/14/2009</b>		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

In regards to Question 23—Is the original CHP 465 (Reimbursable Services Agreement) signed and filed at Area?—the Area was sending an Original and one copy of the RSA to Fiscal Management Section; however, upon reviewing policy, the Area will now keep the Original RSA on file for their records. Upon completion of this Chapter 8 inspection report, Santa Maria Area is in compliance.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

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Command: <b>Santa Maria</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/11/2009</b>

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action



Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	REVIEWER'S 	DATE <b>9/25/09</b>
	INSPECTOR'S SIGNATURE 		DATE <b>9/25/2009</b>
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 		DATE <b>9-25-09</b>
	COMMANDER'S 		

Command: <b>Buellton</b>	Division: <b>Coastal</b>	Number: <b>755</b>
Evaluated by: <b>J. Orlett, #11940</b>		Date: <b>9/11/2009</b>
Assisted by: <b>H. Mangus, #14610</b>		Date: <b>9/11/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required:	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature:	Date:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY: _____		<b>9/22/09</b>
For applicable policies, refer to HPM 11.1, Chapter 20.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. What are these procedures?  <i>Officers are required to complete CHP 735s for all reimbursable incidents. Officers are required to print and attach completed CHP 415s. The CHP 415s have the case number and/or defendant's name highlighted in the line section. This is used for comparison and review by a supervisor. Final approval is sent to the commander for signature. The signed forms are sent to the office assistant for processing.</i>				
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: OSS-I
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The OSS-I retired 3 days prior to inspection; the OA is currently processing CHP 735s and handling the OSS-I duties.
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: 2-6 days.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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<ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>				
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: None in the review period. However, that is the process if needed.
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Reimbursable DUI time is noted and highlighted in the line item with either defendant's name or case number.
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The hourly rate is programmed into Acrobat form which has not been update.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?  N/A				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: One case still outstanding due to court procedures and is still in a pending file.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Lieutenant reviews and reconciles
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS.

**COMMAND INSPECTION PROGRAM**  
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Command: <b>Buellton</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>J. Orlett, #11940</b>		Date: <b>9/11/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: <b>OINS</b>  Due Date: <b>7/31/2009</b>		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Area documents billable DUI-cost-recovery time appropriately on the CHP 415 and is currently submitting in CHP 735s to FMS within 10 days. Area is in compliance with applicable policy and law pertaining to DUI Cost Recovery. The Area has been successful in working with the court officer to minimize delays in receiving BA results and processing of the CHP 735. Area is reminded that both the defendant's name and a court case number are required on the CHP 415.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None



**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

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Command: Buellton	Division: Coastal	Chapter: 8
Inspected by: J. Orlett, #11940		Date: 9/11/2009

Required Action

Corrective Action Plan/Timeline

N/A

☐ Employee would like to discuss this report with the reviewer.  
(See HPM 9.1, Chapter 8 for appeal procedures.)

COMMANDER'S SIGNATURE

DATE

INSPECTOR'S SIGNATURE

DATE

☐ Reviewer discussed this report with employee

REVIEWER'S SIGNATURE

DATE

☒ Concur

☐ Do not concur

# INSPECTION PROGRAM


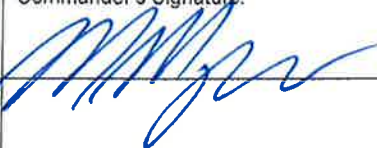
## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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Command: Buellton	Division: Coastal	Number: 755
Evaluated by: SSA J. Gomez, #A12534		Date: 9/11/2009
Assisted by: N/A		Date

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required:	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature:	Date:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY: _____		9/24/09
For applicable policies, refer to HPM 11.1, Chapter 6.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Original sent to accounting.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

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## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEED/MAZEED reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.

**INSPECTION PROGRAM**

CHAPTER 8

COMMAND REIMBURSABLE SERVICES

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49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: To Area then to FMS
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

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Command: <b>Buellton</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/11/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS Due Date:   8/14/2009		
Chapter Inspection: _____			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

In regards to Question 23—Is the original CHP 465 (Reimbursable Services Agreement) signed and filed at Area?—the Area was sending an Original and one copy of the RSA to Fiscal Management Section; however, upon reviewing policy, the Area will now keep the Original RSA on file for their records. Upon completion of this Chapter 8 inspection report, Buellton Area is in compliance.



**COMMAND INSPECTION PROGRAM**

**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: Buellton	Division: Coastal	Chapter: 8
Inspected by: SSA J. Gomez, #A12534		Date: 9/11/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/24/09
	INSPECTOR'S SIGNATURE S. M. Gomez for	DATE 9/24/2009
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 9/25/09
<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 1 of 3

Command <b>Santa Barbara</b>	Division <b>Coastal</b>	Number <b>760</b>
Evaluated by <b>J. Orlett, #11940</b>		Date <b>9/16/2009</b>
Assisted by <b>A. Carrillo, #11324</b>		Date <b>9/16/2009</b>

**INSTRUCTIONS:** Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

**TYPE OF INSPECTION**

- ☒ Division Level ☐ Command Level  
☐ Office of Inspections ☐ Voluntary Self-Inspection

**Follow-up Required**

- ☐ Yes ☒ No

☐ Follow-Up Inspection

BY \_\_\_\_\_

Lead Inspector's Signature

*J. Orlett*

Commander's Signature

*J. Orlett*

Date

*9/24/09*

For applicable policies, refer to HPM 11.1, Chapter 20

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?

☒ Yes

☐ No

☐ N/A

Remarks

2. What are these procedures?

*The Standard Operating Procedures (SOP) for the Area include a chapter on completion of the CHP 735. The SOP details reconciliation and quarterly audit of the forms. The CHP 735A is monitored by the Court Officer and the Lieutenant. Officers are required to print and attach completed CHP 415s for time spent on DUI reimbursable incidents. The CHP 415s have the case number and defendant's name highlighted in the line section. This is used for comparison and review, which is documented in the notes section by the Court Officer. Final approval is sent to the Lieutenant/captain for signature. The signed forms are sent to the OSS-I for processing. Santa Barbara's turn around time averages less than 10 days.*

3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?

☒ Yes

☐ No

☐ N/A

Remarks

4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?

☒ Yes

☐ No

☐ N/A

Remarks

5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?

☒ Yes

☐ No

☐ N/A

Remarks

6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies:
- A Blood Alcohol Content (BAC) under .08%
  - A chemical test is positive for drugs only
  - There is no supporting BAC test or drug test (i.e. a refusal)

☒ Yes

☐ No

☐ N/A

Remarks

7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following:

☒ Yes

☐ No

☐ N/A

Remarks

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 2 of 3

<p>dates?</p> <ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>				
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 3 of 3

16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: This item was briefed on 10/15/2009
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Refer to #19 below.
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?  <i>The Court Officer uses a computer log and AIS which includes the incident type (ie: BOL, TC, etc). This log tracks all data which the Commander or his designee reviews weekly, including court dispositions.</i>				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS.

# COMMAND INSPECTION PROGRAM

## EXCEPTIONS DOCUMENT

Page 1 of 2

Command: <b>Santa Barbara</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>J. Orlett, #11940</b>		Date: <b>9/16/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Office of Inspections completed a DUI Cost Recovery audit in June of this year. Santa Barbara Area has subsequently implemented changes recommended by the audit as of 7/22/2009. Area is now in full compliance. Additionally, Area briefed the CN from 10/15/2009 regarding changes to the dollar amount charged per hour.

**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

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Command	Division	Chapter
Santa Barbara	Coastal	8
Inspected by		Date
J. Orlett, #11940		9/16/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

N/A

- ☐ Employee would like to discuss this report with the reviewer  
(See HPM 9.1, Chapter 8 for appeal procedures)

COMMANDER'S SIGNATURE

DATE

INSPECTOR'S SIGNATURE

DATE

- ☐ Reviewer discussed this report with employee

REVIEWER'S SIGNATURE

DATE

- ☐ Concur ☐ Do not concur



# INSPECTION PROGRAM


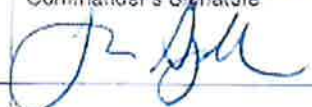
## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 1 of 4

Command: <b>Santa Barbara</b>	Division: <b>Coastal</b>	Number: <b>760</b>
Evaluated by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/16/2009</b>
Assisted by: <b>Sgt. G. Klingenberg, #13244</b>		Date: <b>9/16/2009</b>

**INSTRUCTIONS:** Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required:	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature	Date:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY: _____		<b>9/24/09</b>
For applicable policies, refer to HPM 11.1, Chapter 6.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Remarks: CHP 467 not completed Procedure corrected.
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Remarks: Task has not occurred during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Remarks: Task has not occurred during this inspection.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

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#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Procedure corrected.
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Original sent to accounting.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: CHP 467 not completed. Procedure corrected.

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 3 of 4

31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: CHP 466 not maintained. Procedure corrected.
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: CHP 466 not maintained. Procedure corrected.
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: CHP 466 not maintained. Procedure corrected.
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEED/MAZEED reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: To Area then to FMS
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: <b>Santa Barbara</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/16/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  3 hours	<input checked="" type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to:   OINS Due Date:   8/14/2009		
Chapter Inspection: Chapter 8 Command Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:
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None

Inspector's Findings:
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In regards to Question 23—Is the original CHP 465 (Reimbursable Services Agreement) signed and filed at Area?—the Area was sending an Original and one copy of the RSA to Fiscal Management Section; however, upon reviewing policy, the Area will now keep the Original RSA on file for their records. Also, the Area will keep signed copies of the CHP 467 (Billing Memorandum—Reimbursable Services) in file for their records.

In regards to Question 36—Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?—the Area has corrected this procedure as of 9/16/2009 and will email their Control Log to the Division Coordinator by the 15<sup>th</sup> of every month.

Also, during the inspection it was identified that the Area did not maintain a CHP 466 (Reimbursable Services Control Log). This procedure has been corrected as of 9/16/2009; Area is now in compliance with policy. Upon completion of this Chapter 8 inspection report, Santa Barbara Area is in compliance.



**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: <b>Santa Barbara</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/16/2009</b>


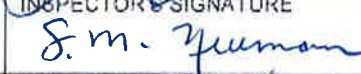

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

**Required Action**

**Corrective Action Plan/Timeline**

Complete the CHP 466 (Reimbursable Services Log) for Fiscal Year of 2009/2010 by September 30 2009. Maintain signed copies of the CHP 467 in Area's command files. Email a copy of the Area's CHP 466 by October 15, 2009, to Division Coordinator.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>9/24/09</b>
	INSPECTOR'S SIGNATURE 	DATE <b>9/24/2009</b>
<input type="checkbox"/> Reviewer discussed this report with employee Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE <b>9/27/09</b>



# INSPECTION PROGRAM


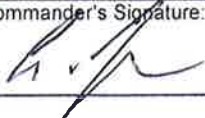
## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 1 of 3

Command: <b>Ventura</b>	Division: <b>Coastal</b>	Number: <b>765</b>
Evaluated by: <b>J. Orlett, #11940</b>		Date: <b>09/16/2009</b>
Assisted by: <b>A. Carrillo, #11324</b>		Date: <b>09/16/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: <b>9/22/09</b>
For applicable policies, refer to HPM 11.1, Chapter 20.			
<b>Note:</b> If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
2. What are these procedures?  <p><i>The Standard Operating Procedures (SOP) for the Area includes a chapter on completion of the CHP 735. The SOP details reconciliation and quarterly audit of the forms. The CHP 735A is monitored by the OSS-I and the field operations officer (lieutenant). Officers are required to print and attach completed CHP 415s for time spent on DUI reimbursable incidents. CHP 415s have the case number and defendant's name highlighted in the line section. This is used for comparison and review by a supervisor. Final approval is sent to the lieutenant/captain for signature. The signed forms are sent to the OSS-I for processing. Ventura's turn around time averages less than 10 days.</i></p>			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> <li>• A Blood Alcohol Content (BAC) under .08%</li> <li>• A chemical test is positive for drugs only</li> <li>• There is no supporting BAC test of drug test (i.e., a refusal)</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 2 of 3

<p>7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates?</p> <ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .08\%</math> were received</li> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 3 of 3

this checklist and not exclusively supervisory tasks?				
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: This item was briefed on 10/15/09.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the optional CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? N/A				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: <b>Ventura</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>J. Orlett, #11940</b>		Date: <b>09/16/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS		
	Due Date:   8/14/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Office of Inspections completed a DUI Cost Recovery audit at the Ventura Area in June of this year. Ventura Area has implemented changes recommended as part of the audit as of June 2009 and are now in compliance. Additionally, they briefed the CN from 10/14/2009 regarding the updated dollar amount per hour.

**COMMAND INSPECTION PROGRAM**

EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Ventura	Division: Coastal	Chapter: 8
Inspected by: J. Orlett, #11940		Date: 09/16/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/22/09
	INSPECTOR'S SIGNATURE 	DATE 9/22/09
<input type="checkbox"/> Reviewer discussed this report with employee i Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 9/24/09



**INSPECTION PROGRAM**



**CHAPTER 8**

**COMMAND REIMBURSABLE SERVICES**

Page 1 of 4

Command: <b>Ventura</b>	Division: <b>Coastal</b>	Number: <b>765</b>
Evaluated by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/16/2009</b>
Assisted by: <b>Sgt. G. Klingenberg, #13244</b>		Date: <b>9/16/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: <b>9/24/09</b>
For applicable policies, refer to HPM 11.1, Chapter 6.			

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 2 of 4

#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Original sent to accounting.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 3 of 4

31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEP, MAZEPP, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Procedure corrected.
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEPP/MAZEPP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEPP/MAZEPP reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEPP/MAZEPP reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level. Area not involved in this process.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: To Area then to FMS.
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: <b>Ventura</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/16/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  3 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:   OINS  Due Date:   8/14/2009		
Chapter Inspection: Chapter 8 Command Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:
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None

Inspector's Findings:
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In regards to Question 23—Is the original CHP 465 (Reimbursable Services Agreement) signed and filed at Area?—the Area was sending an Original and one copy of the RSA to Fiscal Management Section; however, upon reviewing policy, the Area will now keep the Original RSA on file for their records. This procedure has been corrected as of 9/16/2009; Area is now in compliance with policy.

In regards to Question 36—Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?—the Area has corrected this procedure as of 9/16/2009 and will email their Control Log to the Division Coordinator by the 15<sup>th</sup> of every month. This procedure has been corrected as of 9/16/2009; Area is now in compliance with policy. Upon completion of this Chapter 8 inspection report, Ventura Area is in compliance.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Ventura	Division: Coastal	Chapter: 8
Inspected by: SSA J. Gomez, #A12534		Date: 9/16/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

None

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/24/09
	INSPECTOR'S SIGNATURE S.M. [Signature] Set for	DATE 9/25/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 9/25/09



# INSPECTION PROGRAM



## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 1 of 3

Command: <b>Moorpark</b>	Division: <b>Coastal</b>	Number: <b>770</b>
Evaluated by: <b>J. Orlett, #11940</b>		Date: <b>9/16/2009</b>
Assisted by: <b>G. Klingenberg, #13244</b>		Date: <b>9/16/2009</b>

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required:	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature:	Date:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY: _____		<b>9/22/09</b>
For applicable policies, refer to HPM 11.1, Chapter 20.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. What are these procedures?				
<i>Officers submit a CHP 735 with the CHP 202/CHP 555 when appropriate. A sergeant reviews the CHP 735 and CHP 415 (electronically) to approve for commander. An approved CHP 735 is sent to OSS-I when uses the CHP 735A log to verify and document BA results. The OSS-I sends the required forms to FMS.</i>				
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? • The date of BAC results of =.08% were received	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

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<ul style="list-style-type: none"> <li>The date of BAC results of <math>\geq .04\%</math> were received for a commercial driver</li> </ul>				
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> <li>The person arrested refused to provide a chemical test</li> <li>The arrest was for drugs only</li> <li>A BAC of <math>&lt; .08\%</math> was obtained</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: 415s do not include offender's name or court case number per HPM 11.1, 20-4.
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The CHP 415s are not "tagged" with offender's name or case number. There is currently no way of ensuring the total number of staff hours are appropriate.
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: There are also no "indicators" in the line remarks
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> <li>Response Time</li> <li>On-Scene Investigation</li> <li>Follow-up Investigation</li> <li>Report Writing</li> <li>Vehicle Storage</li> <li>Call Back</li> <li>Field Sobriety Testing</li> <li>Transportation</li> <li>Booking</li> <li>Chemical Testing</li> <li>Traffic Control</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND DUI COST RECOVERY

Page 3 of 3

16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: 735 pdf has not been updated.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? N/A				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area maintains a pending file to ensure all cases are closed out.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<b>Question 25 pertains to Fiscal Management Section.</b>				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Pertains to FMS.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: <b>Moorpark</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>J. Orlett, #11940</b>		Date: <b>9/16/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  3 hours	<input checked="" type="checkbox"/> Corrective Action Plan Included  <input checked="" type="checkbox"/> Attachments Included
Follow-up Required:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: <b>OINS</b>  Due Date: <b>8/14/2009</b>		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Area currently does not require officers to indicate the offender's name or court case number on the CHP 415 either in the line remarks or notes section. Therefore, it is difficult to correlate time documented on the CHP 735 with corresponding CHP 415s. Area does not have an SOP in place to ensure all employees involved in DUI reimbursable events are informed of the correct processing. An example SOP was provided to the Area.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: <b>Moorpark</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>J. Orlett, #11940</b>		Date: <b>9/16/2009</b>

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)




Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

**Required Action**

**Corrective Action Plan/Timeline**

Division scheduled a follow-up inspection for **10/15/2009**. This inspection will ensure:

1. Offender's name and court case number are included on each associated CHP 415
2. Times correspond between CHP 735 and CHP 415 accordingly
3. Area has included a chapter on CHP 735 procedures in the Area SOP

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>9/22/09</b>
	INSPECTOR'S SIGNATURE 	DATE <b>9-23-09</b>
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE <b>9/23/09</b>
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

DATE	NUMBER
09/22/2009	

☐ New      ☒ Directive/S.O.P.      ☐ Rebrief      ☐ Destroy (date)  
☐ Review      ☐ Information      ☐ One-time

SOURCE/APPROVAL

Sgt. Moriarty

ITEM	SUBJECT
------	---------

### DUI COST RECOVERY - CHP 735

The Moorpark Area was recently the subject of an audit relating to DUI Cost Recovery (CHP 735). One area in which we are deficient is properly documenting the defendant's name and court case number on the CHP 415 (Daily Field Record).

Per H.P.M. 11.1, Chapter 20, officers shall record the defendants name and case number on the CHP 415.

When time recorded under a specific category (e.g., Accident Investigation, Partner Assist, Response Time) on the CHP 415, Daily Field Record, includes more than one activity, indicate the billable DUI time in the Notes portion on the CHP 415, Daily Field Record.

The court case number is the VCIJIS number created when you booked the subject. In cases when the report is a complaint to be filed, enter your ticket number on Felony number if it applies.

The Moorpark Area SOP will be updated to reflect these requirements.

SHIFT	NUMBER OF T.O.'S	SERGEANT'S INITIALS	DATE	NUMBER OF T.O.'S	SERGEANT'S INITIALS	DATE	NUMBER OF T.O.'S	SERGEANT'S INITIALS	DATE
1									
2									
3									
4									
5									
SPECIAL DETAIL									

**INSPECTION PROGRAM**


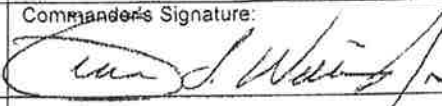
**CHAPTER 8**

**COMMAND REIMBURSABLE SERVICES**

Page 1 of 4

Command: Moorpark	Division: Coastal	Number: 770
Evaluated by: SSA J. Gomez, #A12534		Date: 9/16/2009
Assisted by: Sgt. A. Carrillo, #11324		Date: 9/16/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required:	<input type="checkbox"/> Follow-Up Inspection	Commander's Signature:	Date:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY: _____		9/25/09
For applicable policies, refer to HPM 11.1, Chapter 6.			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.



# INSPECTION PROGRAM

## CHAPTER 8

### COMMAND REIMBURSABLE SERVICES

Page 2 of 4

#### Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

#### Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Log number assigned by Coastal Division; may or may not start with sequential number 001.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.</b>				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEP, MAZEEP, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
<b>Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.</b>				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 <sup>th</sup> of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 <sup>th</sup> of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

## INSPECTION PROGRAM

### CHAPTER 8

#### COMMAND REIMBURSABLE SERVICES

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48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 <sup>th</sup> of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division level
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: To Area then to FMS
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Task has not occurred during this inspection.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: <b>Moorpark</b>	Division: <b>Coastal</b>	Chapter: <b>8</b>
Inspected by: <b>SSA J. Gomez, #A12534</b>		Date: <b>9/16/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		TOTAL HOURS EXPENDED ON THE INSPECTION:  2 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: <b>OINS</b> Due Date: <b>8/14/2009</b>		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Upon completion of this Chapter 8 inspection, the Moorpark Area is in compliance.

**COMMAND INSPECTION PROGRAM**  
EXCEPTIONS DOCUMENT

Page 2 of 2

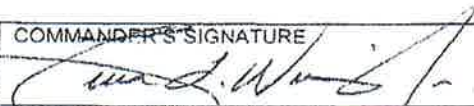

Command: Moorpark	Division: Coastal	Chapter: 8
Inspected by: SSA J. Gomez, #A12534		Date: 9/16/2009

Commander's Response: ☐ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action
Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/25/09
	INSPECTOR'S SIGNATURE S.M. Yeoman	DATE 9/25/2009
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 9/25/09
<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

## **M e m o r a n d u m**

Date: September 22, 2009

To: Coastal Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Coastal Division

File No.: 701.13808

Subject: **COMMAND INSPECTION PROGRAM, HPM 22.1, CHAPTER 8, COMMAND  
REIMBURSABLE SERVICES AND DUI COST RECOVERY—CONEJO  
INSPECTION FACILITY EXEMPTED**

With the concurrence of the Facility commander, Lieutenant S. Munday, no formal Chapter 8 inspection was conducted at the Conejo Inspection Facility during the second quarter of 2009.

The Facility does not participate in reimbursable services contracts or the DUI cost recovery program. Involvement by Facility personnel in either program is ancillary in nature and associated paperwork handled by one of the adjoining Area offices.

  
S. M. NEUMANN, Sergeant

cc: Conejo Inspection Facility

*Safety, Service, and Security*